The Palliative Care Journey in Kenya and Uganda
Emmanuel S. Kamonyo, LLM, MPH
The Palliative Care Strategy of the Open Society Foundation for East Africa, Nairobi, Kenya

Abstract
Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other physical, psychosocial, and spiritual problems. This update is aimed at examining palliative care development/achievements and challenges in Kenya and Uganda and the role of various actors in palliative care establishment in the region. It assesses the policy environment, progress in education, access to essential medicines, palliative care implementation efforts, and legal and human rights work. East African nations have huge disease burdens, both communicable and noncommunicable. HIV and cancer are the major causes of mortality in Kenya and Uganda and put huge demands on the health care system and on the country’s economies. All these conditions will require palliative care services as the disease burden increases. Unfortunately, for many African countries, accessing palliative care services, including access to pain relief, remains very limited resulting in serious suffering for patients and their families. The interventions in Kenya and Uganda help palliative care organizations engage with their respective governments to ensure that the social and legal barriers impeding access to palliative care services are removed.

Key Words
Kenya, Uganda, OSIEA, palliative care

Brief Introduction of The Palliative Care Strategy of the Open Society Foundation for East Africa
Open Society Foundation for East Africa (OSIEA) is part of the Open Society Foundation (OSF), a New York-based organization formed in 1993 with a presence in more than 60 countries around the world. OSF is an operating and grant-making foundation that aims to shape public policy to promote democratic governance, public health human rights, and economic, legal, and social reforms. Since 2005, OSF has been represented in East Africa through its Nairobi office, the OSIEA.

The African continent, especially Africa South of the Sahara, is tackling the enormous burden of HIV and AIDS pandemic and looming epidemics of cancer and other noncommunicable diseases (NCDs). Many patients with these conditions experience moderate to severe pain during the diseases trajectory. Unfortunately, access to life-saving medicine to alleviate pain is still a dream in most African countries, and many die in severe and unnecessary pain.

The palliative care strategy of OSIEA has been to improve the pain and suffering of patients and families through ensuring access to essential medicines for pain relief, building the workforce to deliver palliative care, and including palliative care services in the public health systems in the countries where it works. OSIEA has partnered with International Palliative Care Initiative (IPCI), a public health program (PHP) of OSF since 2007 to support organizations in Kenya, Uganda, and Tanzania to work with their health ministries on the integration of palliative care into the health care system, ensure availability of pain medicines, and palliative care education and training, among other targeted initiatives. In 2010, an advocacy and human rights component was added through the integration of legal support into the...
comprehensive and holistic package of palliative care services in Uganda and Kenya for both the protection of rights of property and family (succession and custodianship). These efforts have been a way to ensure improvements of individual health, well-being, and increased quality of life.

OSIEA is currently working toward strengthening strategic advocacy for palliative care and to connect palliative care, drug policy, and access to controlled medicines.

**Introduction**

As the world population ages and the prevalence of cancer and other noncommunicable disease continues to rise in low- and middle-income countries, the global, regional, and national needs for palliative care are increasing. It is estimated that about 40 million people around the world need palliative care services each year. Seventy-eight percent of these people live in low- and middle-income countries, with almost half of them living in Africa.

In Africa, health systems remain overburdened with an increasing disease burden, great geographical distances, and late presentation of disease, limited financial resources, and a lack of trained health care professionals, inadequate access to essential medicines, and palliative care services at home and in the hospital.

The African Palliative Care Association (APCA) has been a major partner of both IPCI and OSIEA. It was established as the regional palliative care association after a meeting in Cape Town in 2002 of 28 palliative care trainers from across Africa. The group produced the Cape Town Declaration, which holds palliative care and pain and symptom control as a human right for every adult and child with life-limiting illnesses. In addition, it advocates that such care should be incorporated into national health care strategies, making it accessible and affordable for all in Africa. The mission of APCA is to ensure palliative care is widely understood, integrated into health systems at all levels, and underpinned by evidence to reduce pain and suffering across Africa. There are three key elements to the work of APCA to bring palliative care to all who need it in Africa: increasing knowledge and awareness of palliative care among all stakeholders, strengthening health systems by integrating palliative care at all levels, and building a sound evidence base for palliative care in Africa.

APCA provides a hub for palliative care in Africa, working collaboratively to build effective links between many stakeholders. These include patients, their families and communities, carers (both family and volunteers), health care providers, African governments, policymakers, and decisionmakers, APCA members (both individuals and organizations), national palliative care associations, organizations and hospices, civil society groups, academic institutions and educators, the media, donors (both within and beyond Africa), and the general public.

The work of APCA with national governments has produced policy change, helped increased access to essential palliative care medications, enhanced education of health care professionals with work to get it integrated into medical and nursing schools, and informed representatives from numerous divisions of government. APCA has produced several publications and informational materials on legal issues and human rights, all of which are available on their Web site (https://www.africanpalliativecare.org/).

APCA created the African Palliative Care Research Network (https://www.africanpalliativecare.org/articles/african-palliative-care-research-network/) and has contributed significantly to the palliative care literature. The development of the palliative care outcome scale to measure palliative care impact has served as a model around the world. APCA also represents all Africa on the regional and global health agenda through its engagement with the African Union, World Health Organization (WHO), Committee of Narcotic Drugs, International Narcotics Control Board (INCB), Human Rights Watch, United Nations Children Fund, and others.

This article describes the current status of palliative care progress in two East African countries, Kenya and Uganda, where OSIEA has funded efforts and describes what needs to be done to address the existing and emerging challenges. The structure of the article follows an adapted WHO public health model for palliative care that emphasizes:

- health policy,
- access to essential medicines,
- education and training,
- implementation and development of services, and
- legal and human rights advocacy.

**Kenya**

OSIEA and the IPCI of the OSFs’ PHP began supporting palliative care in Kenya in 2007 primarily through grants to the Kenya Hospices and Palliative Care Association (KEHPCA) to individual hospices and emerging leaders and later to the Kenyan Legal and Ethical Issues Network in partnership with the Law & Health Initiative of OSF. In 2008, Dr. Zipporah Ali, Executive Director of KEHPCA, was selected as one of the International Pain Policy Fellows of IPCI to review and recommend the changes needed in the laws and regulations governing opioid availability.
In 2012, Dr. Ali was selected for a Leadership Development Award. Both programs have expanded Dr. Ali’s considerable expertise in palliative care.

The population of Kenya is estimated to be 43 million. The leading causes of death are infectious disease, cardiovascular disease, and cancer. It is estimated that the annual incidence of cancer is about 37,000 new cases with an annual mortality of 28,000 cases. The leading cancers in women are breast and cervical and in men, prostate and esophageal. Seventy to 80% of patients are diagnosed in late stages because of lack of awareness, inadequate diagnostic and treatment facilities, high cost, and high poverty index. According to United Nations Program on HIV/AIDS, there are 1.5 million people living with HIV/AIDS, and there were 36,000 deaths from AIDS in 2014.

The Nairobi Hospice (http://nairobihospice.or.ke/) began providing home care in 1990, and the KEHPCA (http://kehpc.org/) was founded in 2005 as a nonprofit nongovernmental organization representing health care institutions providing palliative care and individual health care professionals with an interest in palliative care. The mission of KEHPCA is to scale up palliative care services focusing mainly on integrating palliative care into the health care system at all levels of care, improving national policies, ensuring access to essential medicines, improving education and training, and advocating for the legal aspects of palliative care.

Policy

In order for palliative care to be developed and integrated into national health systems, it must first be included in all relevant national health plans, policies, strategies, and guidelines and most importantly, implemented. Palliative care is included in the following:

1. National Palliative Care Guidelines.
5. Community health volunteers (CHVs).
9. Legal aspects in palliative care.

KEHPCA is currently working with the Ministry of Health (MoH) and the WHO on a draft national palliative care policy. The Joint Civil Society Organization Alternative Report to the African Commission on Human & People’s Rights of September 2015 made the following recommendations regarding palliative care: to take all measures to eliminate regulatory, educational, and attitudinal obstacles in the bid to ensure the full access to palliative care; take measures such as allocating more resources, sensitizing Kenyans to overcome the challenges to palliative care in Kenya; include palliative care in the National Health Bill 2014; and to make morphine available for use and allow nurses to prescribe morphine to patients.

Drug Availability

Accurate data on the number of people with moderate or severe pain in Kenya do not exist, but a minimum number can be estimated. The WHO estimated that 152,000 people died from HIV and 20,000 from cancer in 2010; assuming that 50% of those who died from HIV and 80% of those who died from cancer experienced moderate or severe pain. About 92,000 of those deaths required treatment with opioid analgesics, according to the WHO pain treatment guidelines. This number reflects a minimum need because it does not include people who died of other conditions with pain, such as trauma, and people who suffered with painful conditions but did not die. The Kenyan government reports opioid consumption to the INCB on an annual basis. The average reported consumption from 2009 to 2011 was 26.7 kg. Assuming that patients are treated on average the last three months of life with 67.5 mg of morphine per day, 26.7 kg would have provided a full treatment for only 4300 of the 92,000 who needed pain relief.

In June 2012, The American Cancer Society’s “Treat the Pain” program (http://www.treatthepain.org/kenya.html; also supported in part by IPCI) began a three-year partnership with KEHPCA to improve access to oral morphine for the treatment of moderate to severe pain. Working with the MoH and American Cancer Society, KEHPCA developed a strategic plan to improve the procurement and tendering process for essential medicines, integrate pain assessment and treatment into inservice training, support continuing medical education (CME) programs of KEHPCA, strengthen palliative care in community health worker training; work with the Department of Pharmacy and the MoH Legal Office to update narcotic legislation to align it with INCB recommendations and to ensure policies are communicated to health workers, to draft a National Palliative Care Policy, ensure guidelines for HIV and cancer contain up to date, evidence based, and comprehensive coverage of pain relief and palliative care, and to ensure that hospital guidelines include palliative care.

KEHPCA has worked with the Pharmacy and Poisons Board to allow and license more than one pharmaceutical company to import morphine into the country and thus reducing the chance of stockouts.
For the first time, the MoH has purchased morphine powder for government hospitals that have integrated palliative care.

Most importantly, KEHPCA is working closely with the MoH and Kenyatta National Hospital, the largest referral hospital in the country, to start central production of oral morphine for the whole country. This will ensure standards and control as well as limit stockout of morphine powder, and of course, increase morphine accessibility for more patients.

At the current time, the following strong opioid analgesics are available in Kenya for patients in hospital or being care for at home:

- 25 mcg fentanyl patches (costly and most often stocked in private hospitals),
- 10 mg morphine ampules for injection (available mostly for postsurgery cases but also used for cancer pain management in morphine pumps/syringe drivers where available),
- 10 mg immediate-release oral morphine tablets and capsules,
- Morphine sustained-release tablets are available but costly and mostly stocked in private hospitals, and
- Oral morphine solution, 10 mg/5 mL.

Kenyatta National Hospital is now making pediatric solution as well, which will also be distributed to all palliative care providers in Kenya.

Finally, KEHPCA in collaboration with the Nursing Council of Kenya has been pursuing law reform that will allow nurses to prescribe opioids. This initiative will dramatically increase the numbers of legal opioid prescribers in the country and should improve palliative care service accessibility by all.

Education and Training

All undergraduate and postgraduate medical and nursing schools have integrated palliative care into their respective curricula, thus ensuring all doctors and nurses who graduate have some basic knowledge and skills in palliative care. Additional training programs include the Kenya Medical Training Institution’s 12 hours (units) palliative care course, the MoH Teaching, and Referral Hospital’s three-week program on palliative care in chronic diseases, the Kenya Medical Training College’s 18-month Diploma in Palliative Care (DPC), and the Nairobi Hospice/Oxford Brooks University in the United Kingdom’s Diploma of Higher Education in Palliative Care. In addition, educational courses are offered by KEHPCA in partnership with Nairobi and Nyeri Hospice for nurses, doctors, clinical officers, pharmacists, social workers, and CHVs on an ongoing basis. The training emphasizes the need for palliative care principles, team work, and the management of common symptoms as well as the use of opioids for pain management. Pharmacists are specifically taught about the reconstitution of morphine powder to solution.

Implementation/Service Provision

In 2007, there were 14 institutions providing palliative care to a population of more than 40 million. Today, there are more than 70 institutions providing palliative care, including hospices for home care, inpatient units in government hospitals, private hospitals, faith-based institutions, and community-based centers. According to KEHPCA, more than 8000 patients and family members accessed palliative care in 2014.

KEHPCA continues to partner with the MoH to integrate palliative care into the public health system. According to KEHPCA 2015 report, more than 30 government hospitals now have established palliative care services.18

In 2010, Human Rights Watch published a report on the absence of adequate palliative care and pain control for children in Kenya and called on the government to develop the necessary programs.19

Pediatric palliative care (PPC) is now progressing in Kenya, and KEHPCA has focused on PPC in four major government hospitals in the country, and services are slowly being integrated into the health care system. KEHPCA has developed pamphlets to inform and educate the public about PPC. There is still an enormous need for PPC advocacy.20

Legal Services and Human Rights Activities

Patients with life-limiting illnesses experience emotional distress not just from physical pain but from concerns that include their property, access to health services and social benefits, care of their children, patient confidentiality, and how much freedom they will have to choose their treatment. Addressing legal concerns is part of palliative care’s holistic approach. KEHPCA began working with the Kenya Legal & Ethical Issues Network of HIV and AIDS (Kenyan Legal and Ethical Issues Network) in 2013 to provide leadership and guidance for the integration of legal support in palliative care services (http://www.kelinkenya.org/2014/11/advocating-for-integration-of-legal-services-as-a-component-of-holistic-palliative-care/). Their work included training health care providers to become paralegals and sensitizing lawyers on the various palliative care issues at the end of life. The training of health workers empowers them to identify legal issues, give basic legal advice, drafting a will or establishing power of attorney, and how to refer clients to attorneys with relevant experience. KEHPCA has trained more than 300 paralegals and established a pro bono network of attorneys to assist patients, families, and health care providers and has rolled out legal services in palliative care in more hospices in...
different counties with existing hospices like Kisumu, Mombasa, Eldoret, and Embu. KEHPCA has also developed a series of informational pamphlets for patients/families with guidelines on making a will, patient’s rights, and power of attorney. In addition, palliative care reporting tools have been developed and included in the MoH reporting system, and hospitals will be able to share reports with the ministry registry through their hospital records departments.

Uganda

The IPCI of OSF began supporting palliative care in Uganda in 2003 and partnering with OSIEA in 2005 through grants to the APCA, the Palliative Care Association of Uganda (PCAU), Hospice Africa Uganda (HAU), Makerere University, and more recently, including grants to the Uganda Network on Law Ethics and HIV/AIDS (UGANET).

Moving forward, OSFs' PHP and OSIEA will be advancing strategic advocacy in palliative care. For instance, in 2015, OSIEA and OSFs' PHP have implemented a pilot project, through a regional convening, aimed at ensuring strategic engagement by human rights and palliative care organizations with the United Nations Human Rights System to increase accountability for the realization of the right to palliative care.

Introduction

Uganda has a population of 33 million people with 112,000 deaths each year from HIV and 17,000 deaths from cancer. It is estimated that 69,000 people die in pain and 67,000 die without pain relief.

Working with the government of Uganda, palliative care organizations have realized key milestones in the provision of palliative care in Uganda. Uganda was ranked the best in Africa in 2014 in the Global Atlas on Palliative Care and in the October 2015 Quality of Death Index published by the Economist Intelligence Unit and second in Africa and 35th globally of the 80 countries studied.

Despite this progress, there are about 3,490,000 people in Uganda who need palliative care, and only 10% of them can access it. Only 4.8% of hospitals offer palliative care services. Palliative care is even more limited in private health facilities. None of the 29 private hospitals in Kampala district has a palliative care team or unit, and they tend to rely on referrals to hospices.

HAU (http://www.hospiceafrica.or.ug/) began providing home care in 1993 with a two-person team led by Dr. Anne Merriman. The mission of HAU was to address the overwhelming unmet need for palliative care in Africa, with an ethos that the patient and family were to be the center of care, which was to be affordable, accessible, and culturally appropriate. In addition to palliative care services, the goal of HAU was to provide education to health care providers to make pain medications available for suffering patients and to integrate palliative care into the public health system.

The PCAU (www.pcauganda.org) was established in 1999 to support the development of palliative care and palliative care professionals in Uganda. PCAU is a membership organization of professionals, volunteers, and organizations in Uganda with an interest in palliative care.

Policy

As discussed previously, the limited provision of palliative care in public and private hospitals is because of the inadequate legal and policy frameworks to guide the development and sustainability of palliative care service into the health system. This has resulted in a fragmented approach to service delivery, lack of monitoring and evaluation, limited financing, limited training of public and private health care professionals, and an insufficient supply of essential drugs.

In spite of this, palliative care has been included, if not fully implemented, into the following health policies, plans, and guidelines:

- The Health Sector Development plan 2015–2020
- National Pain Control Guidelines
- Guidelines for the Use of Narcotic Drugs
- National Drug Policy and Authority Act
- Nurse Prescribing Authority, and
- Draft National Palliative Care Policy (pending MoH approval).

Of note, Uganda was the first country in Africa to include palliative care as an essential service as part of the five-year strategic health plan. Uganda was a signatory of the World Health Assembly Resolution of 2014 requiring governments to integrate palliative care into health systems at all levels, but Uganda has been slow to implement the plan.

Drug Availability

Uganda was the first country in the world to amend statutory instruments to allow clinical officers and nurses with a certificate in specialist palliative care to prescribe oral morphine. Oral morphine is free for patients, but there remains a lack of knowledge about its availability and its use among health care providers, pharmacists, and the public.

In October 2010, the American Cancer Society’s “Treat the Pain” program established an indefinite partnership with HAU to improve access to oral
morpine for the treatment of moderate or severe pain. Additional partnerships were established with the HAU, APCA, MoH, National Medical Stores, National Drug Authority, Joint Medical Stores, and PCAU to import morphine powder and produce oral morphine solution on contract with the National Medical Stores who would then distribute to public and private not-for-profit hospitals.

PCAU has worked with the MoH to accredit 208 inpatient health facilities (49 private) to stock oral morphine. Accreditation requires having at least a minimum of an eligible morphine prescriber and safe storage facilities. Less than 50% of health facilities are accredited to provide palliative care services because they cannot meet the minimum standard of having an eligible prescriber and safe storage. PCAU is also responsible for monitoring and evaluating the accredited inpatient health facilities.

**Education and Training**

**Institute for Hospice and Palliative Care in Africa.** The Institute for Hospice and Palliative Care in Africa (IHPCA) has grown from a small education department within HAU to a major provider of palliative care education and training for the African continent. The educational programs of IHPCA include a one-year full-time Diploma in Clinical Palliative Care Course that provides clinical officers and nurses with the skill set needed to prescribe morphine; 18 months Distance Learning DPC for clinical practitioners interested in palliative care; and a three-year Distance Learning Bachelors of Science Degree in Palliative Care offered in affiliation with Makerere University and a postgraduate program is being developed with HAU and Makerere University. HAU has received funding to provide scholarships to students from all over Africa to attend its various education and clinical training programs.

IHPCA also offers a vast array of short-term educational programs, including a five-day Healthcare Professionals Course for qualified health care providers interested in learning the basics of palliative care; an Allied Professionals Course, for those who work with health care providers, including social workers, counselors, teachers, lawyers, managers, and support staff; a three- to five-day Spiritual Advisor’s Course for clergyman and a Traditional Healers Course that introduces participants to palliative care concepts; a Community Volunteer Workers Course to train individuals on basic nursing; a six-week Rapid Morphine Prescriber’s Course for Clinical Officers to be trained and accredited as morphine prescribers; and Ad Hoc Courses to train organizations interested in integrated palliative care into their existing practices or education services (http://www.hospiceafrica.or.ug/index.php/education).

**Palliative Care Association of Uganda.** The PCAU (www.pcauganda.org) work focuses on the comprehensive integration of palliative care services across Uganda through training, mentorship, and supervision. PCAU, like HAU/IHPCA, offers a series of short palliative care courses, including introductory training for multidisciplinary teams, a nonhealth workers course for spiritual leaders, village health team training, paralegal and counselor training, training of trainer courses, specialist palliative care courses for health facilities to be accredited, and mentorship and support supervision for continued quality improvement.

**Mildmay International Uganda.** Mildmay International Uganda (http://www.mildmay.or.ug/index.html) is a national NGO established in Uganda in 1998 as a center of excellence for the provision of comprehensive HIV/AIDS prevention, care, and treatment services. Mildmay works with HAU, IHPCA, and PCAU providing palliative care education and clinical training opportunities.

Palliative care has been integrated in the medical and nursing of some academic institutions and it is examinable, but there is a need to invest, recruit, train, and retain additional providers at all levels. In addition, not all health teaching institutions have courses on palliative care because of the lack of trained tutors and lecturers. To ensure a sustainable supply of palliative care practitioners, there is a need for inclusion of palliative care in the training programs of nurses, medical officers, and allied health workers.

Although there has been much progress in the area of education and training at the diploma and degree levels, palliative care is not recognized as a medical specialty.

**Implementation**

There are inpatient and home care programs in 90 of 112 health districts with at least one accredited health facility. PCAU is currently working with and mentoring palliative care teams at 14 regional referral hospitals with aims of strength to become practicum sites.

HAU in Kampala is the administrative center for three palliative care services: 1) Hospice Kampala (HK) provides home care, outpatient consultations, day care, hospital visits, outreaches, and patient care relies heavily on community-based volunteers. The pharmacy of HK receives all medicine that is later sent to their two other sites with medical sundries and other equipment, and it produces oral morphine for the entire country. As the administrative center for the three hospices, the HK site includes human resources, finance, procurement, programs, and development departments. HK also includes Institute of
Hospice and Palliative Care in Africa (IHPCA) that provides initiators training courses for English- and French-speaking countries in Africa. 2) Mobile Hospice Mbarara provides home visits, roadside clinics, outpatient consultations, day care programs, and hospital consult visits at Mbarara University Teaching Hospital.

Hospice Mbarara serves as a clinical training site for students from the Mbarara University and IHPCA and also trains health care professionals from the whole continent, including French-speaking providers. Mobile Hospice Mbarara has received a grant from Department for International Development to develop a PPC program and has been given land from the Catholic Archdiocese of Mbarara to build a bigger facility. 3) Little Hospice Hoima serves as a model for palliative care services for patients living in remote rural areas far from health facilities.

Makerere University Palliative Care Division and the IHPCA offer a Bachelor of Science in Palliative Care (BSPC) and a Diploma in Palliative Care (DPC). The BSPC is a three-year distance learning program with four weeks of compulsory residential training at the beginning of each year at HAU. The DPC program is a one-year distance learning program with four weeks of compulsory residential training at the beginning of the year at HAU.

Mulago National Referral Hospital’s Palliative Care Unit is located in The Mulago Hospital, the main referral and teaching hospital for Uganda, and hosts the medical school as part of the Faculty of Medicine at Makerere University. The Mulago palliative care team began in 2006 with the appointment of four nurses who had received a Diploma in Clinical palliative care at HAU. The team sees patients from all over the hospital referred for consultation.

The Kitovu mobile palliative care service is based in Masaka, 120 km from the capital Kampala. The service covers four districts with a population of 1.5 million and is part of a larger faith-based community program of HIV support, which focuses on home-based care, orphans, and family support. This region was one of the areas hardest hit by the AIDS pandemic, especially the fishing communities on the shores of Lake Victoria. Poverty is endemic. Antiretroviral treatment availability has meant that now many people are living with and dying from HIV.30

**Legal Services and Human Rights**

Of particular interest, in the context of the focus of OSF on human rights in the context of palliative care, is the dedication of PCAU to integrating legal support into their comprehensive and holistic package of palliative care services. Hundreds of palliative care patients lose their decision making rights on their properties and health options under the pretext of infirmity. PCAU has worked with the UGANET, a national NGO that brings together organizations and individuals who are interested in advocating for the development and strengthening of an appropriate policy, legal, human rights, and ethical response to health and HIV/AIDS in Uganda to introduce more than 100 paralegals and lawyers to palliative care and has developed agreements with 15 hospitals, hospices, and HIV care centers to provide monthly legal aid services to palliative care patients. The Uganda Law Council and Uganda Law Society adopted and approved a Palliative Care training curriculum and training materials to ensure that lawyers trained on palliative care obtain points for continuing professional development. Since then, 20 legal practitioners and allied health professionals have been trained on palliative care (http://uganet.org/).

Uganda has also piloted a model where district-based paralegals have been empowered to provide legal support to patients in the rural districts. The Uganda Human Rights Commission is increasingly picking up palliative care and pain relief as focus issues in their work. For instance, the commission has local legislative frameworks within which they can support and hold governments accountable to their citizens with regard to the availability and accessibility to controlled medicines for pain relief. OSFs’ Law & Health Program, IPCI, and OSIEA have supported integration of legal services into palliative care in the East African region, namely Kenya and Uganda. This effort is informed by the understanding that health professionals, patients, and their families have limited understanding of the legal issues and needs in palliative care. Therefore, patients and their families must be supported to access justice by empowering them to understand their rights and use legal services. Legal support is critical in improving the quality of life of patients and their families.

**Gaps and Challenges**

Despite progress and development in palliative care as outlined previously, there are eminent gaps that need to be addressed if Kenya and Uganda hope to achieve global goals on palliative care.

The current gaps in palliative care in Kenya and Uganda include policy limitation and regulatory limitations, failure to integrate palliative care services in the public and private health services, dwindling funding for palliative care programs, the lack of trained palliative care professionals, including physicians, nurses, pharmacists and CHVs, lack of awareness of the public and government officials, and the lack of trained personnel to prescribe medication.
Conclusion and Next Steps

This update is aimed at examining palliative care development/achievements and challenges in Kenya and Uganda and the role of various actors in palliative care establishment in the region. It assessed the policy environment, progress in education, access to essential medicines, palliative care implementation efforts, and legal and human rights work.

From this review, the palliative care perspective in Kenya and Uganda, based on the public health model (policy, education, and drug availability), designates slow progress. Notably, through concerted efforts of palliative care advocates and especially donors, Kenya and Uganda have made advancements in making palliative care and pain relief more accessible to their citizens. However, more needs to be done.

Advocacy and awareness of health care professionals and the general public is the key. There is a huge need for palliative care awareness among the population, including within the various ministries, politicians, and judiciaries among others to enhance continued understanding and support to the palliative care agenda. In addition, there is need to engage regional bodies such as East African Community and African Union and work in partnership with different sectors to foster policy reforms and operational research in palliative care.

Acknowledgments

The authors are grateful to all the palliative care providers, government officials, the individuals/champions and activists, nongovernmental organizations, community- and faith-based organizations, and donor partners, including the OSIEA and OSF, PHP, who have contributed to the development of palliative care in Kenya and Uganda.

References


